

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) Chapter **11**☐ Check if this an amended filing**Official Form 201****Voluntary Petition for Non-Individuals Filing for Bankruptcy**

04/20

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name	K&W Cafeterias, Inc.	
2. All other names debtor used in the last 8 years <small>Include any assumed names, trade names and doing business as names</small>	FKA K&W Restaurant, Inc.	
3. Debtor's federal Employer Identification Number (EIN)	56-0498184	
4. Debtor's address	Principal place of business 1391 Plaza West Road Winston Salem, NC 27103 <small>Number, Street, City, State & ZIP Code</small> Forsyth <small>County</small>	Mailing address, if different from principal place of business PO Box 25048 Winston Salem, NC 27114 <small>P.O. Box, Number, Street, City, State & ZIP Code</small> Location of principal assets, if different from principal place of business <small>Number, Street, City, State & ZIP Code</small>
5. Debtor's website (URL)	www.kwcafeterias.com	
6. Type of debtor	<input checked="" type="checkbox"/> Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) <input type="checkbox"/> Partnership (excluding LLP) <input type="checkbox"/> Other. Specify: _____	

Debtor **K&W Cafeterias, Inc.**
Name

Case number (if known)

7. Describe debtor's business

A. Check one:

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

2511**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

Check one:

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. Check **all** that apply:

A debtor who is a "small business debtor" must check the first sub-box. A debtor as defined in § 1182(1) who elects to proceed under subchapter V of chapter 11 (whether or not the debtor is a "small business debtor") must check the second sub-box.

- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,725,625. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ The debtor is a debtor as defined in 11 U.S.C. § 1182(1), its aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$7,500,000, **and it chooses to proceed under Subchapter V of Chapter 11**. If this sub-box is selected, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return, or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**☒ No.☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?☒ No☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **K&W Cafeterias, Inc.**
Name

Case number (if known)

11. Why is the case filed in this district?

Check all that apply:

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (Check all that apply.)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds**

Check one:

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☐ 50-99☒ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **K&W Cafeterias, Inc.**
Name

Case number (if known)

Request for Relief, Declaration, and Signatures**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **September 2, 2020**
MM / DD / YYYY**X /s/ Dax C. Allred**
Signature of authorized representative of debtor

Title **President****Dax C. Allred**
Printed name**18. Signature of attorney****X /s/ John A. Northen**
Signature of attorney for debtorDate **September 2, 2020**
MM / DD / YYYY**John A. Northen**
Printed name**Northen Blue, LLP**
Firm name**PO Box 2208**
Chapel Hill, NC 27515
Number, Street, City, State & ZIP CodeContact phone **919-968-4441** Email address**6789 NC**
Bar number and State

**RESOLUTION AUTHORIZING COMMENCEMENT OF PROCEEDINGS UNDER
CHAPTER 11 FOR K&W CAFETERIAS, INC.**

WHEREAS, Dax C. Allred, Julie Long and Derek Duggins are the sole directors of K&W Cafeterias, Inc. (the "Company"), and

WHEREAS, all the directors met and determined, in the exercise of their business judgment, that the financial condition of the Company necessitates the reorganization of the Company under the protections afforded by Chapter 11 of the United States Bankruptcy Code.

NOW, THEREFORE, BE IT RESOLVED that the Company is authorized to file, in the United States Bankruptcy Court for the Middle District of North Carolina, a Chapter 11 petition and to otherwise proceed under Chapter 11 of the United States Bankruptcy Code, and

BE IT FURTHER RESOLVED that Dax C. Allred, President, is authorized to execute on behalf of the Company the petition, schedules, statement of financial affairs, monthly and quarterly reports, and any other documents required for the Chapter 11 filing, and

BE IT FURTHER RESOLVED that the Company shall employ Northen Blue, L.L.P. as its bankruptcy counsel to assist the Company in filing the Chapter 11 case and in all proceedings thereunder, and

BE IT FURTHER RESOLVED that the Company shall employ Bell Davis & Pitt, P.A. as special counsel to assist the Company in matters involving general corporate law, regulatory issues, and transactional aspects of any sale of the Company's assets, and

BE IT FURTHER RESOLVED that the Company shall employ Constangy Brooks Smith & Prophete, LLP as special counsel to assist the Company in matters involving employment law and regulations, and

BE IT FURTHER RESOLVED that the Company shall employ Dixon Hughes Goodman, LLP as the Debtor's accountants to assist the Company in the preparation of the Company's income tax returns and to perform an audit of the Debtor's 401(k) Plan as required in connection with the Debtor's annual reporting obligation under the Employee Retirement Income Security Act of 1974 ("ERISA"), and

BE IT FURTHER RESOLVED that the Company shall employ DHG Corporate Finance, LLC to serve as the Debtor's financial advisor to assist the Debtor with a review of its strategic

alternatives and to serve as an advisor with respect to any sale of the Debtor's assets or other transaction related to a potential buyer, and

BE IT FURTHER RESOLVED that Dax C. Allred, Julie Long and Derek Duggins, the directors of the Debtor, will not receive any compensation post-petition for serving in such capacity, and


BE IT FURTHER RESOLVED that the Company shall continue to employ Dax C. Allred as President with compensation subject to approval by the Board of Directors and disclosure to the Bankruptcy Court, and

BE IT FURTHER RESOLVED that the Company shall continue to employ Chris Hundley as Vice-President Finance with compensation subject to approval by the Board of Directors and disclosure to the Bankruptcy Court, and

BE IT FURTHER RESOLVED that the Company shall continue to employ Rebecca Lancaster as Vice-President Human Resources with compensation subject to approval by the Board of Directors and disclosure to the Bankruptcy Court, and

BE IT FURTHER RESOLVED that Julie Long, Treasurer and Secretary, and Derek Duggins, Vice President, will not receive any compensation post-petition for serving in such capacity, respectively.


Date:



Dax C. Allred
Director



Julie Long
Director



Derek Duggins
Director

Fill in this information to identify the case:Debtor name K&W Cafeterias, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filingOfficial Form 202**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☐ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule* _____
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on September 2, 2020**X /s/ Dax C. Allred**

Signature of individual signing on behalf of debtor

Dax C. Allred

Printed name

President

Position or relationship to debtor

Fill in this information to identify the case:

Debtor name **K&W Cafeterias, Inc.**
 United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**
 Case number (if known): _____

☐ Check if this is an
 amended filing

Official Form 204**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ALSCO PO BOX 3594 Attn: Officer/Manager DURHAM, NC 27702		Trade debt				\$47,464.00
BB&T Commercial Equipment Capital 2 Great Valley Parkway, Suite 300 Attn: Officer or Managing Agent Malvern, PA 19355		Fayetteville Equipment		\$410,664.00	\$308,000.00	\$102,664.00
CAMERON VILLAGE Attn Officer or Managing Agent PO BOX 534243 ATLANTA, GA 30353		Lease				\$20,954.46
CIT Bank NA 10201 Centurion Parkway N, Suite #100 Attn: Officer or Managing Agent Jacksonville, FL 32256		Dish Machine Healy Drive, South Park, Holden Road, Signature Place, Chapel Hill		\$245,845.00	\$185,000.00	\$60,845.00
COMMONWEALTH OF VA DEPT OF TAXATION PO BOX 1115 RICHMOND, VA 23218		Sales Tax				\$26,796.21
Crestmark Vendor Finance PO Box 233756 Attn: Officer or Managing Agent Chicago, IL 60689		Dish Machine Tanglewood, Concord, Goldsboro, Crossroads	Unliquidated	\$194,215.00	\$145,000.00	\$49,215.00

Debtor **K&W Cafeterias, Inc.**

Case number (if known)

Name

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
First Foundation Bank PO Box 80550 Attn: Officer or Managing Agent City of Industry, CA 91716		Dish Machine Statesville, Salem, Pineville, Greenville SC,		\$209,993.00	\$157,000.00	\$52,993.00
First Lease Inc 1 Walnut Grove Drive, Suite 300 Attn: Officer or Managing Agent Horsham, PA 19044		Dish Machine Burlington and Cameron Village		\$85,021.00	\$64,000.00	\$21,021.00
H/S Wilson, LLC Attn: Hull Property Group, LLC 1190 Interstate Parkway Augusta, GA 30909		Lease, Wilson Mall	Disputed			\$269,110.00
Macquarie Equipment Capital, Inc. 1301 Riverplace Blvd Attn: Officer or Managing Agent Jacksonville, FL 32207		Dish Machine Wilmington, Rocky Mount, Arlington Crossing, Myrtle Beach, Cherry Grove		\$269,495.00	\$200,000.00	\$69,495.00
NC DEPT OF REVENUE PO Box 1168 RALEIGH, NC 27602		Sales Tax				\$282,317.27
OLIVER PKG. & EQUIPMENT CO. PO BOX 8506 Attn: Officer/Manager CAROL STREAM, IL 60197		Trade debt				\$35,333.97
Performance Food Group 543 12th Street Drive NW Attn: Officer/Manager Hickory, NC 28601		Trade debt				\$1,062,988.72
PINNACLE POINT INVESTMENTS, LLC 8504 WILLOW BRANCH DR. Attn: Officer/Manager WAXHAW, NC 28173		Lease				\$38,696.66

Debtor **K&W Cafeterias, Inc.**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
RRPV UNIVERSITY CHAPEL HILL LP PO BOX 6230 Attn: Officer/Manager ORLANDO, FL 32802		Lease				\$18,009.78
SC DEPT OF REVENUE PO BOX 125 COLUMBIA, SC 29214		Sales Tax				\$42,985.96
SIGNATURE PLACE ROLL UP, LLC PO BOX 535411 Attn Officer or Managing Agent ATLANTA, GA 30353		Lease				\$23,859.71
SOUTHERN SHOPPING CENTER LLC PO BOX 8500, LOCKBOX # 7327 Attn: Officer/Manager PHILADELPHIA, PA 19178		Lease				\$50,965.41
TOWER PLACE NC LP C/O PROVIDENCE GROUP MGMT. SERVICES 300 W. SUMMIT AVE, SUITE 250 CHARLOTTE, NC 28203		Lease				\$18,911.00
Truist Bank Attn: Managing Agent/Officer 214 N. Tryon St. Charlotte, NC 28202		PPP Loan				\$6,735,200.00

Fill in this information to identify the case:Debtor name **K&W Cafeterias, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. Real property:	
Copy line 88 from <i>Schedule A/B</i>	\$ 9,450,000.00
1b. Total personal property:	
Copy line 91A from <i>Schedule A/B</i>	\$ 20,635,274.29
1c. Total of all property:	
Copy line 92 from <i>Schedule A/B</i>	\$ 30,085,274.29

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)	
Copy the total dollar amount listed in Column A, <i>Amount of claim</i> , from line 3 of <i>Schedule D</i>	\$ 12,565,225.00
3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)	
3a. Total claim amounts of priority unsecured claims:	
Copy the total claims from Part 1 from line 5a of <i>Schedule E/F</i>	\$ 825,724.66
3b. Total amount of claims of nonpriority amount of unsecured claims:	
Copy the total of the amount of claims from Part 2 from line 5b of <i>Schedule E/F</i>	+\$ 8,798,280.12
4. Total liabilities	
Lines 2 + 3a + 3b	\$ 22,189,229.78

Fill in this information to identify the case:Debtor name K&W Cafeterias, Inc.United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest
\$74,800.00

2. Cash on hand**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. First National Bank of PennsylvaniaChecking (DIP Account)\$1,499,902.003.2. Truist BankDeposit acct (zero balance account)0929\$0.00**4. Other cash equivalents (Identify all)**4.1. Sale proceeds from 703 Polo Oaks Condo, in transit\$137,756.29**5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$1,712,458.29**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.
☐ Yes Fill in the information below.

Debtor **K&W Cafeterias, Inc.**
Name

Case number (If known) _____

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$325,000.0024. **Is any of the property listed in Part 5 perishable?**☐ No☒ Yes25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**☐ No☒ Yes. Book value 0.00 Valuation method recent cost Current Value 325,000.0026. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**☒ No☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**27. **Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?**☒ No. Go to Part 7.☐ Yes Fill in the information below.**Part 7: Office furniture, fixtures, and equipment; and collectibles**38. **Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?**☐ No. Go to Part 8.☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Office furniture, computers & software	Unknown	Estimate	\$100,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$100,000.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**☒ No☐ Yes45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**☐ No☒ Yes**Part 8: Machinery, equipment, and vehicles**46. **Does the debtor own or lease any machinery, equipment, or vehicles?**☐ No. Go to Part 9.☒ Yes Fill in the information below.

Debtor **K&W Cafeterias, Inc.**
Name

Case number (If known) _____

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47.	Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles			
47.1.	<u>Autos & Truck</u>	<u>Unknown</u>	<u>Estimate</u>	<u>\$200,000.00</u>
48.	Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>			
49.	Aircraft and accessories			
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)			
	<u>Maintenance Parts Inventory</u>	<u>Unknown</u>	<u>Recent Cost</u>	<u>\$318,006.00</u>
	<u>Equipment - Dish Machines</u>	<u>Unknown</u>	<u>Recent Cost</u>	<u>\$1,015,058.00</u>
	<u>Cafeteria Equipment - non dish machine</u>	<u>Unknown</u>	<u>Estimate</u>	<u>\$1,250,000.00</u>
	<u>Cafeteria furniture & fixtures</u>	<u>Unknown</u>	<u>Estimate</u>	<u>\$450,000.00</u>

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$3,233,064.0052. **Is a depreciation schedule available for any of the property listed in Part 8?**

- ☒ No
☐ Yes

53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**

- ☒ No
☐ Yes

Part 9: Real property54. **Does the debtor own or lease any real property?**

- ☐ No. Go to Part 10.
☒ Yes Fill in the information below.

55. **Any building, other improved real estate, or land which the debtor owns or in which the debtor has an interest**

	Description and location of property Include street address or other description such as Assessor Parcel Number (APN), and type of property (for example, acreage, factory, warehouse, apartment or office building, if available.	Nature and extent of debtor's interest in property	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
55.1.	<u>Investments - Pointe Regatta Property</u>	<u>Fee simple</u>	<u>Unknown</u>	<u>Appraisal</u>	<u>\$5,765,000.00</u>

Debtor **K&W Cafeterias, Inc.** Case number (If known) _____
 Name

55.2. **Investments -**
Maisons Condo Fee simple Unknown Comparable Sales \$450,000.00

55.3. **Investments - 705**
Polo Oaks Condo Unknown Comparable Sales \$150,000.00

55.4. **Investments - Cedar**
Lakes Condo Fee simple Unknown Comparable Sales \$85,000.00

55.5. **Land and Buildings -**
Farm; Debtor owns
14 of 21 parcels
(126.47 acres of 350
total acres) Fee simple Unknown Comparable Sales \$3,000,000.00

56. **Total of Part 9.**

Add the current value on lines 55.1 through 55.6 and entries from any additional sheets.
 Copy the total to line 88.

\$9,450,000.00

57. **Is a depreciation schedule available for any of the property listed in Part 9?**

☒ No
☐ Yes

58. **Has any of the property listed in Part 9 been appraised by a professional within the last year?**

☒ No
☐ Yes

Part 10: Intangibles and intellectual property

59. **Does the debtor have any interests in intangibles or intellectual property?**

☐ No. Go to Part 11.
☒ Yes Fill in the information below.

General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
60. Patents, copyrights, trademarks, and trade secrets			
61. Internet domain names and websites			
62. Licenses, franchises, and royalties			
63. Customer lists, mailing lists, or other compilations			
64. Other intangibles, or intellectual property Trademarks, tradenames, trade secrets and going concern value	<u>Unknown</u>		<u>Unknown</u>

65. **Goodwill**

66. **Total of Part 10.**

Add lines 60 through 65. Copy the total to line 89.

\$0.00

Debtor **K&W Cafeterias, Inc.**
Name

Case number (If known) _____

67. **Do your lists or records include personally identifiable information of customers** (as defined in 11 U.S.C. §§ 101(41A) and 107?)☒ No☐ Yes68. **Is there an amortization or other similar schedule available for any of the property listed in Part 10?**☒ No☐ Yes69. **Has any of the property listed in Part 10 been appraised by a professional within the last year?**☒ No☐ Yes**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☐ No. Go to Part 12.☒ Yes Fill in the information below.Current value of
debtor's interest71. **Notes receivable**

Description (include name of obligor)

	<u>1,856,768.00</u>	-	<u>0.00</u>	=	<u>\$1,856,768.00</u>
Shareholder Loans	Total face amount		doubtful or uncollectible amount		

	<u>944,111.00</u>	-	<u>0.00</u>	=	<u>\$944,111.00</u>
Allred Investment Company, LLC Loans	Total face amount		doubtful or uncollectible amount		

	<u>5,878,543.00</u>	-	<u>0.00</u>	=	<u>\$5,878,543.00</u>
DGV, LLC Loans	Total face amount		doubtful or uncollectible amount		

72. **Tax refunds and unused net operating losses (NOLs)**

Description (for example, federal, state, local)

73. **Interests in insurance policies or annuities****Split dollar policies, Debtor's share of cash surrender value****\$2,015,678.00**

Life Insurance on Donald Allred, cash surrender value	<u>\$173,992.00</u>
--	----------------------------

Life Insurance on Charles Kiger, deceased and in process of redeeming	<u>\$150,000.00</u>
--	----------------------------

74. **Causes of action against third parties (whether or not a lawsuit has been filed)****Class action suit against card processing companies; judgment for \$5.54 billion, on appeal.****Unknown**

Nature of claim	<u>class action</u>	
Amount requested	<u>\$0.00</u>	

Debtor **K&W Cafeterias, Inc.**
Name

Case number *(If known)* _____

75. **Other contingent and unliquidated claims or causes of action of every nature, including counterclaims of the debtor and rights to set off claims**

76. **Trusts, equitable or future interests in property**

77. **Other property of any kind not already listed** *Examples: Season tickets, country club membership*

Leasehold improvements

\$3,228,526.00

78. **Total of Part 11.**

Add lines 71 through 77. Copy the total to line 90.

\$14,247,618.00

79. **Has any of the property listed in Part 11 been appraised by a professional within the last year?**

☒ No

☐ Yes

Debtor **K&W Cafeterias, Inc.**
Name

Case number (If known)

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	\$1,712,458.29	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	\$0.00	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	\$932,134.00	
83. Investments. <i>Copy line 17, Part 4.</i>	\$85,000.00	
84. Inventory. <i>Copy line 23, Part 5.</i>	\$325,000.00	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	\$0.00	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	\$100,000.00	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	\$3,233,064.00	
88. Real property. <i>Copy line 56, Part 9.....></i>		\$9,450,000.00
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	\$0.00	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ \$14,247,618.00	
91. Total. Add lines 80 through 90 for each column	\$20,635,274.29	+ 91b. \$9,450,000.00
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		\$30,085,274.29

Fill in this information to identify the case:Debtor name **K&W Cafeterias, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15**

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Ally Financial Creditor's Name PO Box 380901 Attn: Officer or Managing Agent Bloomington, MN 55438 Creditor's mailing address Creditor's email address, if known Date debt was incurred 5/31/2019 Last 4 digits of account number 3894 Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien 2019 Ford Explorer Describe the lien Auto Loan Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$25,017.00	\$25,017.00

2.2	BB&T Commercial Equipment Capital Creditor's Name 2 Great Valley Parkway, Suite 300 Attn: Officer or Managing Agent Malvern, PA 19355 Creditor's mailing address Creditor's email address, if known Date debt was incurred 11/29/2017 Last 4 digits of account number	Describe debtor's property that is subject to a lien Fayetteville Equipment Describe the lien UCC-1 Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	\$410,664.00	\$308,000.00
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Debtor **K&W Cafeterias, Inc.**

Name

Case number (if known)

Fayetteville Equipment

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.3 CIT Bank NA**

Creditor's Name

**10201 Centurion Parkway
N, Suite #100
Attn: Officer or Managing
Agent
Jacksonville, FL 32256**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

8/9/2019

Last 4 digits of account number

3187

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Dish Machine Healy Drive, South Park,
Holden Road, Signature Place, Chapel Hill****\$245,845.00****\$185,000.00**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.4 Crestmark Vendor Finance**

Creditor's Name

**PO Box 233756
Attn: Officer or Managing
Agent
Chicago, IL 60689**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

8/13/2019

Last 4 digits of account number

3194

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Dish Machine Tanglewood, Concord,
Goldsboro, Crossroads****\$194,215.00****\$145,000.00**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.5 Crestmark Vendor Finance**

Describe debtor's property that is subject to a lien

\$66,961.00**\$50,000.00**

Debtor **K&W Cafeterias, Inc.**

Case number (if known)

Name

Creditor's Name

PO Box 233756
Attn: Officer or Managing Agent
Chicago, IL 60689

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

12/10/2019

Last 4 digits of account number

3214

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Dish Machines - Towers

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.6

De Lage Landen Financial Services, Inc.

Creditor's Name

PO Box 41602
Attn: Officer or Managing Agent
Philadelphia, PA 19101

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

9/11/2019

Last 4 digits of account number

1509

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

LED Lighting - Statesville**\$7,638.00****\$7,638.00**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.7

De Lage Landen Financial Services, Inc.

Creditor's Name

PO Box 41602
Attn: Officer or Managing Agent
Philadelphia, PA 19101

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Describe debtor's property that is subject to a lien

LED Lighting - Southpark**\$12,790.00****\$12,790.00**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No

Debtor **K&W Cafeterias, Inc.**

Case number (if known)

Name

9/11/2019

Last 4 digits of account number

1508

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed**2.8 De Lage Landen Financial Services, Inc.**

Creditor's Name

PO Box 41602**Attn: Officer or Managing Agent****Philadelphia, PA 19101**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

9/18/2019

Last 4 digits of account number

2359

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

LED Lighting - Cameron Village**\$6,196.00****\$6,196.00**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.9 De Lage Landen Financial Services, Inc.**

Creditor's Name

PO Box 41602**Attn: Officer or Managing Agent****Philadelphia, PA 19101**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

9/18/2019

Last 4 digits of account number

1513

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

LED Lighting - Greenville SC**\$10,032.00****\$10,032.00**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☒ Unliquidated☐ Disputed

Debtor **K&W Cafeterias, Inc.**

Case number (if known)

Name

2.1
0**First Foundation Bank**

Creditor's Name

**PO Box 80550
Attn: Officer or Managing
Agent
City of Industry, CA 91716**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

8/13/2019

Last 4 digits of account number

3203

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Dish Machine Statesville, Salem, Pineville,
Greenville SC,****\$209,993.00****\$157,000.00**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
1**First Lease Inc**

Creditor's Name

**1 Walnut Grove Drive, Suite
300
Attn: Officer or Managing
Agent
Horsham, PA 19044**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

6/7/2019

Last 4 digits of account number

**Burlington and Cameron
Village**

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

**Dish Machine Burlington and Cameron
Village****\$85,021.00****\$64,000.00**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
2**Honda Financial**

Creditor's Name

**13856 Ballantyne Corporate
Place
Attn: Officer or Managing
Agent
Charlotte, NC 28277**

Creditor's mailing address

Describe debtor's property that is subject to a lien

2019 Honda Accord**\$20,589.00****\$20,589.00**

Describe the lien

Auto Loan

Debtor **K&W Cafeterias, Inc.**

Case number (if known)

Name

Creditor's email address, if known

Date debt was incurred

3/19/2019

Last 4 digits of account number

5183

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
3**KOS Financial Services**

Creditor's Name

PO Box 41602**Attn: Officer or Managing Agent****Philadelphia, PA 19101**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Lease of SAVIN MP 5054 Annex**Unknown****Unknown**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

6583

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe the lien

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed2.1
4**KOS Financial Services**

Creditor's Name

21146 Network Place**Attn: Officer or Managing Agent****Chicago, IL 60673**

Creditor's mailing address

Describe debtor's property that is subject to a lien

Lease of SAVIN MPC3004; SAVIN MP 6503. Home Office**\$24,157.00****\$24,157.00**

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

9214

Do multiple creditors have an interest in the same property?

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

Debtor **K&W Cafeterias, Inc.**

Case number (if known)

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed**2.1
5 Macquarie Equipment Capital, Inc.**

Creditor's Name

**1301 Riverplace Blvd
Attn: Officer or Managing Agent
Jacksonville, FL 32207**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

8/14/2019

Last 4 digits of account number

3195

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Dish Machine Wilmington, Rocky Mount, Arlington Crossing, Myrtle Beach, Cherry Grove**\$269,495.00****\$200,000.00**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.1
6 Susquehanna Commercial Finance, Inc**

Creditor's Name

**2 Country View Road, Suite 300
Attn: Officer or Managing Agent
Malvern, PA 19355**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

5/5/2016

Last 4 digits of account number

oc36

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Hanes Mill Dish Machine**\$26,459.00****\$20,000.00**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☒ No☐ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed**2.1
7 Truist Bank**

Describe debtor's property that is subject to a lien

\$10,950,153.00**\$15,283,088.00**

Debtor **K&W Cafeterias, Inc.**

Case number (if known)

Name

Creditor's Name

**Attn: Managing
Agent/Officer
214 N. Tryon St.
Charlotte, NC 28202**

Creditor's mailing address

**Accounts, Inventory, Equipment, Parts,
General Intangibles**

Describe the lien

UCC-1

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

various

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$12,565,225.
00**

Part 2: List Others to Be Notified for a Debt Already Listed in Part 1

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**Steve Gruendel
Moore and Van Allen PLLC
100 North Tryon St., Suite 4700
Charlotte, NC 28202-4003**

Line **2.17**

Fill in this information to identify the case:Debtor name **K&W Cafeterias, Inc.**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address ALAMANCE COUNTY TAX COLLECTOR 124 W ELM STREET GRAHAM, NC 27253	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,783.27	\$2,783.27
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address CABARRUS COUNTY TAX COLLECTOR PO BOX 707 CONCORD, NC 28026	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,825.37	\$2,825.37
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	K&W Cafeterias, Inc. Name	Case number (if known)
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2.3	Priority creditor's name and mailing address CITY OF GREENVILLE PO BOX 2207 GREENVILLE, SC 29602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,094.59	\$1,094.59
Date or dates debt was incurred 8/31/2020		Basis for the claim: Sales Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.4	Priority creditor's name and mailing address CITY OF MYRTLE BEACH PO Box 2468 Myrtle Beach, SC 29578	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,319.22	\$4,319.22
Date or dates debt was incurred 8/31/2020		Basis for the claim: Sales Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.5	Priority creditor's name and mailing address CITY OF N MYRTLE BEACH 1018 2ND AVENUE SOUTH N MYRTLE BEACH, SC 29582	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,958.76	\$4,958.76
Date or dates debt was incurred 8/31/2020		Basis for the claim: Sales Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.6	Priority creditor's name and mailing address CITY OF ROANOKE EVELYN W. POWERS TREASURER PO BOX 1451 ROANOKE, VA 24007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,919.62	\$4,919.62
Date or dates debt was incurred 1/1/2020		Basis for the claim: Property Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	K&W Cafeterias, Inc. Name	Case number (if known)
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2.7	Priority creditor's name and mailing address CITY OF ROANOKE EVELYN W. POWERS TREASURER PO BOX 1451 ROANOKE, VA 24007	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$17,690.67	\$17,690.67
	Date or dates debt was incurred 8/31/2020	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.8	Priority creditor's name and mailing address CITY OF SALEM DANIELLE C. CRAWFORD, CITY TREASURER PO BOX 869 SALEM, VA 24153	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$5,248.14	\$5,248.14
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.9	Priority creditor's name and mailing address CITY OF SALEM DANIELLE C. CRAWFORD, CITY TREASURER PO BOX 869 SALEM, VA 24153	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$10,686.59	\$10,686.59
	Date or dates debt was incurred 8/31/2020	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.10	Priority creditor's name and mailing address COMMONWEALTH OF VA DEPT OF TAXATION PO BOX 1115 RICHMOND, VA 23218	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$26,796.21	\$26,796.21
	Date or dates debt was incurred 8/31/2020	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	K&W Cafeterias, Inc. Name	Case number (if known)
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2.11	Priority creditor's name and mailing address CUMBERLAND COUNTY TAX COLLECTOR PO BOX 449 FAYETTEVILLE, NC 28302	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$17,091.74	\$17,091.74
Date or dates debt was incurred 1/1/2020		Basis for the claim: Property Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.12	Priority creditor's name and mailing address CUMBERLAND COUNTY TAX COLLECTOR P.O. BOX 449 FAYETTEVILLE, NC 28302	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,975.54	\$1,975.54
Date or dates debt was incurred 8/31/2020		Basis for the claim: Sales Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.13	Priority creditor's name and mailing address FORSYTH COUNTY TAX COLLECTOR PO BOX 82 WINSTON-SALEM, NC 27102	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$138,935.00	\$138,935.00
Date or dates debt was incurred 1/1/2020		Basis for the claim: Property Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.14	Priority creditor's name and mailing address GREENVILLE COUNTY TAX COLLECTOR 301 UNIVERSITY RIDGE SUITE 700 GREENVILLE, SC 29601	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$50,699.95	\$50,699.95
Date or dates debt was incurred 1/1/2020		Basis for the claim: Property Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	K&W Cafeterias, Inc. Name	Case number (if known)
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2.15	Priority creditor's name and mailing address GUILFORD COUNTY TAX DEPARTMENT PO BOX 3138 GREENSBORO, NC 27402	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$31,237.80	\$31,237.80
Date or dates debt was incurred 1/1/2020		Basis for the claim: Property Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.16	Priority creditor's name and mailing address HORRY COUNTY TREASURER 1301 SECOND AVENUE SUITE 1C08 CONWAY, SC 29526	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$24,753.05	\$24,753.05
Date or dates debt was incurred 1/1/2020		Basis for the claim: Property Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.17	Priority creditor's name and mailing address IREDELL COUNTY TAX COLLECTOR 135 EAST WATER STREET STATESVILLE, NC 28687	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$14,784.18	\$14,784.18
Date or dates debt was incurred 1/1/2020		Basis for the claim: Property Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.18	Priority creditor's name and mailing address MECKLENBURG COUNTY 700 N Tryon St CHARLOTTE, NC 28202	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,022.57	\$2,022.57
Date or dates debt was incurred 8/31/2020		Basis for the claim: Sales Tax		
Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)		Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	K&W Cafeterias, Inc. Name	Case number (if known)
2.19	Priority creditor's name and mailing address MECKLENBURG COUNTY TAX COLLECTOR PO BOX 31457 CHARLOTTE, NC 28231-1457	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.20	Priority creditor's name and mailing address MERCER COUNTY ATTN: TREASURER OFFICE 1501 WEST MAIN ST PRINCETON, WV 24740	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.21	Priority creditor's name and mailing address NASH COUNTY TAX COLLECTOR 120 W WASHINGTON ST. STE 2058 NASHVILLE, NC 27856	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
2.22	Priority creditor's name and mailing address NC DEPT OF REVENUE PO Box 1168 RALEIGH, NC 27602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed
	Date or dates debt was incurred 8/31/2020	Basis for the claim: Sales Tax
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor	K&W Cafeterias, Inc. Name	Case number (if known)
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2.23	Priority creditor's name and mailing address NEW HANOVER COUNTY TAX OFFICE 230 GOVERNMENT CENTER DR SUITE 190 WILMINGTON, NC 28403	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,570.68	\$2,570.68
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.24	Priority creditor's name and mailing address NORFOLK CITY TREASURER COM OF REVENUE PO BOX 3215 NORFOLK, VA 23514-3215	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$9,988.62	\$9,988.62
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.25	Priority creditor's name and mailing address ORANGE COUNTY TAX COLLECTOR PO BOX 8181 HILLSBOROUGH, NC 27278	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,444.18	\$3,444.18
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.26	Priority creditor's name and mailing address PITT COUNTY TAX COLLECTOR PO BOX 875 GREENVILLE, NC 27835	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,074.38	\$4,074.38
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	K&W Cafeterias, Inc. Name	Case number (if known)
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2.27	Priority creditor's name and mailing address RANDOLPH COUNTY TAX DEPT OFFICE OF TAX COLLECTOR 725 MCDOWELL ROAD ASHEBORO, NC 27205	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,083.74	\$3,083.74
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Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.28	Priority creditor's name and mailing address ROANOKE COUNTY COMMISSIONER OF THE REVENUE 5204 BERNARD DR, 1ST FLOOR ROANOKE, VA 24018	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,565.45	\$3,565.45
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Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.29	Priority creditor's name and mailing address ROWAN COUNTY TAX COLLECTOR 402 N MAIN STREET SUITE 101 SALISBURY, NC 28144	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$30,837.71	\$30,837.71
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Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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2.30	Priority creditor's name and mailing address SC DEPT OF REVENUE PO BOX 125 COLUMBIA, SC 29214	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$42,985.96	\$42,985.96
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Date or dates debt was incurred 8/31/2020	Basis for the claim: Sales Tax
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Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	K&W Cafeterias, Inc.		Case number (if known)
	Name		

2.31	Priority creditor's name and mailing address WAKE COUNTY 301 S McDowell Street Suite 3800 RALEIGH, NC 27602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$4,104.10	\$4,104.10
	Date or dates debt was incurred 8/31/2020	Basis for the claim: Sales Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.32	Priority creditor's name and mailing address WAKE COUNTY REVENUE DEPARTMENT PO BOX 2331 RALEIGH, NC 27602	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$3,645.09	\$3,645.09
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.33	Priority creditor's name and mailing address WAYNE COUNTY TAX COLLECTOR PO BOX 227 GOLDSBORO, NC 27530	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,680.34	\$2,680.34
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

2.34	Priority creditor's name and mailing address WILSON COUNTY TAX COLLECTOR 113 NASH ST E WILSON, NC 27893	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$2,454.66	\$2,454.66
	Date or dates debt was incurred 1/1/2020	Basis for the claim: Property Tax		
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor **K&W Cafeterias, Inc.**

Case number (if known) _____

Name

3.1	Nonpriority creditor's name and mailing address ADAMS OUTDOOR ADVERTISING P O BOX 809140 Attn: Officer/Manager CHICAGO, IL 60680 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,864.00
3.2	Nonpriority creditor's name and mailing address ADT CYBERSECURITY 301 NORTH ELM STREET, STE 550 Attn: Officer/Manager GREENSBORO, NC 27401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,499.82
3.3	Nonpriority creditor's name and mailing address ADVANCED MAINTENANCE 6554 MAYO DRIVE Attn: Officer/Manager BOONES MILL, VA 24065 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$595.00
3.4	Nonpriority creditor's name and mailing address AIRGAS NATIONAL CARBONATION PO BOX 734673 Attn: Officer/Manager DALLAS, TX 75373 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$617.08
3.5	Nonpriority creditor's name and mailing address ALARMSOUTH PO BOX 5393 Attn: Officer/Manager STATESVILLE, NC 28687 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,280.77
3.6	Nonpriority creditor's name and mailing address ALEXANDER EQUIPMENT OF W-S PO BOX 25165 Attn: Officer/Manager WINSTON-SALEM, NC 27114 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$61.94
3.7	Nonpriority creditor's name and mailing address Allred Investment Company, LLC 1391 Plaza West Drive Attn: Officer or Managing Agent Winston Salem, NC 27103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,000.00

Debtor	K&W Cafeterias, Inc. Name _____	Case number (if known) _____
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3.8	Nonpriority creditor's name and mailing address ALSCO PO BOX 3594 Attn: Officer/Manager DURHAM, NC 27702 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt, multiple locations</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$47,464.00
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3.9	Nonpriority creditor's name and mailing address APPALACHIAN POWER COMPANY PO BOX 371496 Attn: Officer/Manager PITTSBURGH, PA 15250 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,882.86
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3.10	Nonpriority creditor's name and mailing address BACKGROUND INVESTIGATION BUREAU LLC 9710 NORTHCROSS CENTER COURT, SUITE 100 Attn: Officer/Manager HUNTERSVILLE, NC 28078 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$808.30
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3.11	Nonpriority creditor's name and mailing address BAKER PIPE & PARTS LLC PO BOX 1824 Attn: Officer/Manager GOLDSBORO, NC 27533 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$94.06
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3.12	Nonpriority creditor's name and mailing address BEACH AIR 320 Reindeer Moss Ct Attn: Officer/Manager Myrtle Beach, SC 29588 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$356.48
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3.13	Nonpriority creditor's name and mailing address BENNETT UNIFORM MFG, INC. 4377 FEDERAL DRIVE Attn: Officer/Manager GREENSBORO, NC 27410 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,527.86
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3.14	Nonpriority creditor's name and mailing address BERKELEY MALL, LLC C/O CHILDRESS KLEIN PROPERTIES 301 South College Street Ste 2800 CHARLOTTE, NC 28202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$16,976.00
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Debtor	K&W Cafeterias, Inc. Name _____	Case number (if known) _____
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3.15	Nonpriority creditor's name and mailing address BORDEAUX CENTER, INC. 1740-A OWEN DR. Attn Officer or Managing Agent FAYETTEVILLE, N 28304 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,775.00
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3.16	Nonpriority creditor's name and mailing address BRIXMORE HOLDINGS 1 SPE, LLC C/O BRIXMOR PROPERTY GROUP PO BOX 64524 CINCINNATI, OH 45264 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,268.09
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3.17	Nonpriority creditor's name and mailing address BULLUCK LAWN CARE INC. 7073 HUNTER RIDGE RD Attn: Officer/Manager ROCKY MOUNT, NC 27803 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$300.00
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3.18	Nonpriority creditor's name and mailing address BVB PROPERTIES, INC. 204-C WEST WOODLAWN ROAD Attn Officer or Managing Agent CHARLOTTE, NC 28217 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,290.17
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3.19	Nonpriority creditor's name and mailing address CAMERON VILLAGE Attn Officer or Managing Agent PO BOX 534243 ATLANTA, GA 30353 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,954.46
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3.20	Nonpriority creditor's name and mailing address CARDINAL NATURAL GAS PO BOX 94608 Attn: Officer/Manager CLEVELAND, OH 44101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,029.07
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3.21	Nonpriority creditor's name and mailing address CEDAR LAKE ASSOCIATION 200 CEDAR LAKE TRAIL Attn: Officer/Manager WINSTON-SALEM, NC 27104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$190.00
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3.22	Nonpriority creditor's name and mailing address CENTURYLINK PO BOX 4300 Attn: Officer/Manager CAROL STREAM, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$150.13
3.23	Nonpriority creditor's name and mailing address CHRIS CARPENTRY 3410 MOUNTAIN VIEW RD. Attn: Officer/Manager GERMANTON, NC 27019 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$350.00
3.24	Nonpriority creditor's name and mailing address CITY ELECTRIC SUPPLY CO. PO BOX 13507 Attn: Officer/Manager GREENSBORO, NC 27415 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$471.49
3.25	Nonpriority creditor's name and mailing address CITY OF BURLINGTON PO BOX 1358 Attn: Officer/Manager BURLINGTON, NC 27216 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,392.92
3.26	Nonpriority creditor's name and mailing address CITY OF MYRTLE BEACH PO BOX 1346 Attn: Officer/Manager MYRTLE BEACH, SC 29578 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$847.20
3.27	Nonpriority creditor's name and mailing address CITY OF RALEIGH PO BOX 71081 Attn: Officer/Manager CHARLOTTE, NC 28272 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,726.20
3.28	Nonpriority creditor's name and mailing address CITY OF ROCKY MOUNT P.O. BOX 1180 Attn: Officer/Manager ROCKY MOUNT, NC 27802 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,968.28

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3.29 Nonpriority creditor's name and mailing address

CITY OF SALEM
PO BOX 75997
Attn: Officer/Manager
BALTIMORE, MD 21275

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: UtilityIs the claim subject to offset? ☒ No ☐ Yes**\$8,223.22**

3.30 Nonpriority creditor's name and mailing address

CITY OF WILSON
PO BOX 2407
Attn: Officer/Manager
WILSON, NC 27894

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: UtilityIs the claim subject to offset? ☒ No ☐ Yes**\$3,306.37**

3.31 Nonpriority creditor's name and mailing address

CITY OF WINSTON-SALEM
PO BOX 580055
Attn: Officer/Manager
CHARLOTTE, NC 28258

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: UtilityIs the claim subject to offset? ☒ No ☐ Yes**\$4,214.83**

3.32 Nonpriority creditor's name and mailing address

COMCAST
PO BOX 70219
Attn: Officer/Manager
PHILADELPHIA, PA 19176

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: UtilityIs the claim subject to offset? ☒ No ☐ Yes**\$206.61**

3.33 Nonpriority creditor's name and mailing address

COPPERFIELD CENTER PARTNERSHIP
C/O B.V. BELK INVESTMENTS
204-C WEST WOODLAWN ROAD
CHARLOTTE, NC 28217

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: LeaseIs the claim subject to offset? ☒ No ☐ Yes**\$12,856.11**

3.34 Nonpriority creditor's name and mailing address

COX COMMUNICATIONS
PO BOX 771908
Attn: Officer/Manager
DETROIT, MI 48277

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: UtilityIs the claim subject to offset? ☒ No ☐ Yes**\$99.19**

3.35 Nonpriority creditor's name and mailing address

COZZINI BROS., INC.
350 HOWARD AVENUE
Attn: Officer/Manager
DES PLAINES, IL 60018

Date(s) debt was incurred _____

Last 4 digits of account number _____

As of the petition filing date, the claim is: *Check all that apply.*

- ☐ Contingent
☐ Unliquidated
☐ Disputed

Basis for the claim: Trade debtIs the claim subject to offset? ☒ No ☐ Yes**\$984.60**

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3.36	Nonpriority creditor's name and mailing address DAYMARK SAFETY SYSTEMS 12836 SOUTH DIXIE HIGHWAY Attn: Officer/Manager BOWLING GREEN, OH 43402 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$538.80
3.37	Nonpriority creditor's name and mailing address De Lage Landen Financial Services Inc PO Box 41602 Attn: Officer/Manager Philadelphia, PA 19101 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$685.77
3.38	Nonpriority creditor's name and mailing address DGV, LLC 1391 Plaza West Drive Attn Officer or Managing Agent Winston Salem, NC 27103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$45,000.00
3.39	Nonpriority creditor's name and mailing address DUKE ENERGY CHARLOTTE PO BOX 70516 Attn: Officer/Manager CHARLOTTE, NC 28272 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,451.29
3.40	Nonpriority creditor's name and mailing address EASTERN FOOD EQUIPMENT 1930 HEALY DR Attn: Officer/Manager WINSTON SALEM, NC 27103 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$70.63
3.41	Nonpriority creditor's name and mailing address ECOLAB PEST ELIMINATION 26252 NETWORK PLACE Attn: Officer/Manager CHICAGO, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,134.94
3.42	Nonpriority creditor's name and mailing address ELVIS SERVICE CO INC 2200 EXECUTIVE AVE Attn: Officer/Manager MYRTLE BEACH, SC 29577 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$750.00

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3.43	Nonpriority creditor's name and mailing address EXPRESS BUSINESS SYSTEMS INC. PO BOX 369 Attn: Officer/Manager HICKORY, NC 28603 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$460.66
3.44	Nonpriority creditor's name and mailing address FORSYTH ROOTER SERVICE, INC. PO BOX 24248 Attn: Officer/Manager WINSTON-SALEM, NC 27114 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$185.00
3.45	Nonpriority creditor's name and mailing address FOSTER CAVINESS FOOD SERVICE CO. PO BOX 744739 Attn: Officer/Manager ATLANTA, GA 30374 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,107.30
3.46	Nonpriority creditor's name and mailing address FRANKLIN MACHINE PRODUCTS, INC. PO BOX 74007311 Attn: Officer/Manager CHICAGO, IL 60674 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,098.84
3.47	Nonpriority creditor's name and mailing address FRONTIER PO BOX 740407 Attn: Officer/Manager CINCINNATI, OH 45274 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$52.62
3.48	Nonpriority creditor's name and mailing address FSI MECHANICAL, INC. 5485 RAYNOR RD. Attn: Officer/Manager GARNER, NC 27529 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,218.03
3.49	Nonpriority creditor's name and mailing address FSI SOUTH CAROLINA 227 OLD GRADE RD. Attn: Officer/Manager MONCKS CORNER, SC 29461 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$380.00

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3.50	Nonpriority creditor's name and mailing address GFL ENVIRONMENTAL PO BOX 791519 Attn: Officer/Manager BALTIMORE, MD 21279 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,540.44
3.51	Nonpriority creditor's name and mailing address GRAINGER INC DEPT 803760818 Attn: Officer/Manager PALATINE, IL 60038 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,311.34
3.52	Nonpriority creditor's name and mailing address GREEN WORLD 1737 SPIVEY AVE. Attn: Officer/Manager CONWAY, SC 29527 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,325.00
3.53	Nonpriority creditor's name and mailing address H/S Wilson, LLC Attn: Hull Property Group, LLC 1190 Interstate Parkway Augusta, GA 30909 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Lease, Wilson Mall</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$269,110.00
3.54	Nonpriority creditor's name and mailing address HAPPY CHEF UNIFORMS, INC. 22 PARK PLACE Attn: Officer/Manager BUTLER, NJ 07405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$328.90
3.55	Nonpriority creditor's name and mailing address HEAT TRANSFER SALES LLC PO BOX 8608 Attn: Officer/Manager GREENSBORO, NC 27419 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$523.08
3.56	Nonpriority creditor's name and mailing address HENRY'S ELECTRIC MOTOR SERVICE INC 1406 S MARTIN LUTHER KING DR Attn: Officer/Manager WINSTON-SALEM, NC 27107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$570.52

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3.57	Nonpriority creditor's name and mailing address HERITAGE FOOD SERVICE PO BOX 71595 Attn: Officer/Manager CHICAGO, IL 60694 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,072.16 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.58	Nonpriority creditor's name and mailing address HUBBARD PIPE & SUPPLY, INC. PO DRAWER 1570 Attn: Officer/Manager FAYETTEVILLE, NC 28302 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$238.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.59	Nonpriority creditor's name and mailing address I-85 PLAZA PO DRAWER 850 Attn Officer or Managing Agent BURLINGTON, NC 27216 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$13,333.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.60	Nonpriority creditor's name and mailing address IO BUSINESS MUSIC 5025 W. LEMON ST., SUITE 200 Attn: Officer/Manager TAMPA, FL 33609 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,090.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.61	Nonpriority creditor's name and mailing address IRON MOUNTAIN PO BOX 27128 Attn: Officer/Manager NEW YORK, NY 10087 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$339.10 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.62	Nonpriority creditor's name and mailing address J H HONEYCUTT & SONS, INC. PO BOX 391 Attn: Officer/Manager CHADBOURN, NC 28431 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$77.25 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.63	Nonpriority creditor's name and mailing address JACOBI-LEWIS COMPANY - WILMINGTON PO BOX 1289 Attn: Officer/Manager WILMINGTON, NC 28402 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$88.46 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.64	Nonpriority creditor's name and mailing address KELLY OFFICE MACHINES, INC. 21146 NETWORK PLACE Attn: Officer/Manager CHICAGO, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,653.61
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3.65	Nonpriority creditor's name and mailing address KOS FINANCIAL SERVICES PO BOX 790448 Attn: Officer/Manager ST. LOUIS, MO 63179 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,640.15
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3.66	Nonpriority creditor's name and mailing address LAMAR COMPANIES PO BOX 96030 Attn: Officer/Manager BATON ROUGE, LA 70896 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,051.25
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3.67	Nonpriority creditor's name and mailing address LIFTECH MOBILE CRANE SERVICE 321 SPRINGDALE DR Attn: Officer/Manager WILMINGTON, NC 28405 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$325.00
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3.68	Nonpriority creditor's name and mailing address LOOMIS DEPT. CH 10500 Attn: Officer/Manager PALATINE, IL 60055 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,563.84
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3.69	Nonpriority creditor's name and mailing address M2K, LLC C/O HAI CHAU PO BOX 61115 RALIEGH, N 27661 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,554.63
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3.70	Nonpriority creditor's name and mailing address MAISONS-SUR-MER 9650 SHORE DR Attn: Officer/Manager MYRTLE BEACH, SC 29572 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$760.00
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Debtor	K&W Cafeterias, Inc. Name _____	Case number (if known) _____
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3.71	Nonpriority creditor's name and mailing address MARVA MAID DAIRY PO BOX 392612 Attn: Officer/Manager PITTSBURGH, PA 15251 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,234.32
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3.72	Nonpriority creditor's name and mailing address MATT MARSHALL AND CO PO BOX 77357 Attn: Officer/Manager GREENSBORO, NC 27417 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,190.61
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3.73	Nonpriority creditor's name and mailing address MOCK TIRE & AUTO 4752 COUNTRY CLUB RD Attn: Officer/Manager WINSTON SALEM, NC 27104 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$142.93
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3.74	Nonpriority creditor's name and mailing address MURRAY SUPPLY COMPANY PO BOX 744702 Attn: Officer/Manager ATLANTA, GA 30374 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$36.56
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3.75	Nonpriority creditor's name and mailing address NC DEPT OF LABOR - BOILER SAFETY BUREAU 1101 MAIL SERVICE CENTER Attn: Officer/Manager RALEIGH, NC 27699 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
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3.76	Nonpriority creditor's name and mailing address NEW MARKET HANOVER LP PO Box 715252 Attn Officer or Managing Agent Cincinnati, OH 45271 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,413.67
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3.77	Nonpriority creditor's name and mailing address OLIVER PKG. & EQUIPMENT CO. PO BOX 8506 Attn: Officer/Manager CAROL STREAM, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$35,333.97
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Debtor	K&W Cafeterias, Inc. Name	Case number (if known) _____
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3.78	Nonpriority creditor's name and mailing address OVERTON GROUP, LLC 401 WEST 1ST STREET Attn Officer or Managing Agent GREENVILLE, NC 27834 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,473.36
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3.79	Nonpriority creditor's name and mailing address Performance Food Group 543 12th Street Drive NW Attn: Officer/Manager Hickory, NC 28601 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,062,988.72
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3.80	Nonpriority creditor's name and mailing address PIEDMONT NATURAL GAS PO BOX 1246 Attn: Officer/Manager CHARLOTTE, NC 28201 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$12,549.31
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3.81	Nonpriority creditor's name and mailing address PINNACLE POINT INVESTMENTS, LLC 8504 WILLOW BRANCH DR. Attn: Officer/Manager WAXHAW, NC 28173 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$38,696.66
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3.82	Nonpriority creditor's name and mailing address POINTE REGATTA HOMEOWNERS ASSOCIATION PO BOX 1180 Attn: Officer/Manager CORNELIUS, NC 28031 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$143.00
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3.83	Nonpriority creditor's name and mailing address POLO OAKS HOMEOWNERS ASSOCIATION PO BOX 1239 Attn: Officer/Manager COMMERCE, GA 30529 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$370.00
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3.84	Nonpriority creditor's name and mailing address PROSERVE FIRE PROTECTION, INC. 1000 N. MAIN ST., SUITE 204 Attn: Officer/Manager FUQUAY VARINA, NC 27526 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,648.95
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Debtor	K&W Cafeterias, Inc. Name _____	Case number (if known) _____
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3.85	Nonpriority creditor's name and mailing address QUALITY GLASS SERVICE INC PO BOX 1104 Attn: Officer/Manager WINSTON SALEM, NC 27102 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$559.90 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.86	Nonpriority creditor's name and mailing address QUALITY PRESSURE WASHING & CLEANING SVC PO BOX 7823 Attn: Officer/Manager ROCKY MOUNT, NC 27804 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$175.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.87	Nonpriority creditor's name and mailing address REGENCY OFFICE PRODUCTS, LLC 8024 GLENWOOD AVE., SUITE 200 Attn: Officer/Manager RALEIGH, NC 27612 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$791.69 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.88	Nonpriority creditor's name and mailing address REGIONAL MALLS, LLC DBA MERCER MALL PO BOX 2275 Attn Officer or Managing Agent LEXINGTON, KY 40588 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$4,425.42 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.89	Nonpriority creditor's name and mailing address RESTAURANT TECHNOLOGIES, INC. 12962 COLLECTIONS CENTER DR Attn: Officer/Manager CHICAGO, IL 60693 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$3,166.48 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.90	Nonpriority creditor's name and mailing address RIDDLE FARM EQUIPMENT INC. P.O. BOX 4021 Attn: Officer/Manager WINSTON-SALEM, NC 27115 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$146.34 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.91	Nonpriority creditor's name and mailing address RJ WASTE & RECOVERY, LLC PO BOX 14 Attn: Officer/Manager IRON STATION, NC 28080 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$540.00 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	K&W Cafeterias, Inc. Name _____	Case number (if known) _____
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3.92	Nonpriority creditor's name and mailing address ROANOKE GAS COMPANY P.O. BOX 70848 Attn: Officer/Manager CHARLOTTE, NC 28272 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,305.61
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3.93	Nonpriority creditor's name and mailing address ROSE ICE & COAL CO. 1202 MARKET ST Attn: Officer/Manager WILMINGTON, NC 28401 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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3.94	Nonpriority creditor's name and mailing address ROWAN COUNTY FINANCE DEPARTMENT C/O LISA BEVIS 130 W. INNES STREET SALISBURY, NC 28144 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$8,244.18
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3.95	Nonpriority creditor's name and mailing address RRPV UNIVERSITY CHAPEL HILL LP PO BOX 6230 Attn: Officer/Manager ORLANDO, FL 32802 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,009.78
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3.96	Nonpriority creditor's name and mailing address S&D COFFEE PO BOX 752010 Attn: Officer/Manager CHARLOTTE, NC 28275 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,459.53
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3.97	Nonpriority creditor's name and mailing address S.V.S. HOSPITALITY, INC. 1535 LINKS VIEW DRIVE Attn Officer or Managing Agent SALEM, VA 24153 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,020.00
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3.98	Nonpriority creditor's name and mailing address SHOES FOR CREWS, INC. PO BOX 734176 Attn: Officer/Manager CHICAGO, IL 60673 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,146.00
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Debtor	K&W Cafeterias, Inc. Name _____	Case number (if known) _____
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3.99	Nonpriority creditor's name and mailing address SIGNATURE PLACE ROLL UP, LLC PO BOX 535411 Attn Officer or Managing Agent ATLANTA, GA 30353 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$23,859.71
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3.100	Nonpriority creditor's name and mailing address SOLID WASTE AUTHORITY OF HORRY COUNTY PO BOX 1664 Attn: Officer/Manager CONWAY, SC 29528 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$182.28
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3.101	Nonpriority creditor's name and mailing address SOUTHERN COASTAL SOLUTIONS INC. 5440 MCGINNIS VILLAGE PLACE, UNIT 104 Attn: Officer/Manager ALPHARETTA, GA 30005 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,061.96
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3.102	Nonpriority creditor's name and mailing address SOUTHERN SHOPPING CENTER LLC PO BOX 8500, LOCKBOX # 7327 Attn: Officer/Manager PHILADELPHIA, PA 19178 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$50,965.41
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3.103	Nonpriority creditor's name and mailing address SRMax Slip Resistant Shoe Company PO BOX 10379 Attn: Officer/Manager GREENSBORO, NC 27404 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$383.84
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3.104	Nonpriority creditor's name and mailing address STEAM SOURCE 3049 SALEM INDUSTRIAL DRIVE Attn: Officer/Manager WINSTON-SALEM, NC 27127 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,115.00
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3.105	Nonpriority creditor's name and mailing address TANGLEWOOD VENTURE, LLC PO BOX 105740 Attn: Officer/Manager ATLANTA, GA 30348 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,943.92
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Debtor	K&W Cafeterias, Inc. Name _____	Case number (if known) _____
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3.106	Nonpriority creditor's name and mailing address TELWARE CORPORATION PO BOX 561209 Attn: Officer/Manager CHARLOTTE, NC 28256 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,440.20
3.107	Nonpriority creditor's name and mailing address TIME WARNER PO BOX 4617 Attn: Officer/Manager CAROL STREAM, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,060.82
3.108	Nonpriority creditor's name and mailing address TOWER PLACE NC LP C/O PROVIDENCE GROUP MGMT. SERVICES 300 W. SUMMIT AVE, SUITE 250 CHARLOTTE, NC 28203 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,911.00
3.109	Nonpriority creditor's name and mailing address TQM ROOFING INC 3646 TAYLORSVILLE HWY Attn: Officer/Manager STATESVILLE, NC 28625 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$817.89
3.110	Nonpriority creditor's name and mailing address TRIAD INDUSTRIAL GROUP, INC. 4275 THOMASVILLE RD Attn: Officer/Manager WINSTON SALEM, NC 27107 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,857.00
3.111	Nonpriority creditor's name and mailing address Truist Bank Attn: Managing Agent/Officer 214 N. Tryon St. Charlotte, NC 28202 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>PPP Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$6,735,200.00
3.112	Nonpriority creditor's name and mailing address ULINE PO BOX 88741 Attn: Officer/Manager CHICAGO, IL 60680 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,498.00

Debtor	K&W Cafeterias, Inc. Name _____	Case number (if known) _____
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3.113	Nonpriority creditor's name and mailing address UNITED REFRIGERATION INC. PO BOX 740703 Attn: Officer/Manager ATLANTA, GA 30374 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$2,181.12 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.114	Nonpriority creditor's name and mailing address UNITED RESTAURANT EQUIPMENT COMPANY PO BOX 1186 Attn: Officer/Manager RALEIGH, NC 27602 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$55.54 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.115	Nonpriority creditor's name and mailing address UPS PO BOX 7247-0244 Attn: Officer/Manager PHILADELPHIA, PA 19170 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$165.11 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.116	Nonpriority creditor's name and mailing address W R VERNON PRODUCE COMPANY, INC. PO BOX 4054 Attn: Officer/Manager WINSTON SALEM, NC 27115 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$723.05 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.117	Nonpriority creditor's name and mailing address W.C. ROUSE & SON, INC. P.O. BOX 19046 Attn: Officer/Manager GREENSBORO, NC 27419 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$222.39 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.118	Nonpriority creditor's name and mailing address WASTE CONNECTIONS OF CAROLINA PO BOX 535233 Attn: Officer/Manager PITTSBURGH, PA 15253 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$521.76 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.119	Nonpriority creditor's name and mailing address WASTE MANAGEMENT PO BOX 4648 Attn: Officer/Manager Carol Stream, IL 60197 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$9,597.14 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor **K&W Cafeterias, Inc.**

Case number (if known) _____

Name

3.120	Nonpriority creditor's name and mailing address WESTERN VIRGINIA WATER AUTHORITY PO BOX 17381 Attn: Officer/Manager BALTIMORE, MD 21297 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Utility</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$246.47
3.121	Nonpriority creditor's name and mailing address WIND RIVER ENVIRONMENTAL LLC PO BOX 22074 Attn: Officer/Manager NEW YORK, NY 10087 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,718.73
3.122	Nonpriority creditor's name and mailing address WM COMPACTOR SOLUTIONS INC., DEPT#2008 PO BOX 29661 Attn: Officer/Manager PHOENIX, AZ 85038 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$773.94
3.123	Nonpriority creditor's name and mailing address Xerox Corporation PO Box 660501 Attn: Officer or Managing Agent Dallas, TX 75266 Date(s) debt was incurred _____ Last 4 digits of account number <u>1956</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equipment lease: V80 Press Serial B2R-088377</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$14,747.00
3.124	Nonpriority creditor's name and mailing address XEROX CORPORATION P.O. BOX 827598 Attn: Officer/Manager PHILADELPHIA, PA 19182 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$915.20
3.125	Nonpriority creditor's name and mailing address ZUPPLER 151 EAST 10TH AVE., SUITE 201 Attn: Officer/Manager CONSHOHOCKEN, PA 19428 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Trade debt</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,436.00

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Debtor **K&W Cafeterias, Inc.**

Name

Case number (if known)

Name and mailing address

On which line in Part 1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

4.1 **Steve Gruendel**
Moore and Van Allen PLLC
100 North Tryon St., Suite 4700
Charlotte, NC 28202-4003

Line **3.111**☐ Not listed. Explain _____**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts

5a. \$ **825,724.66**5b. + \$ **8,798,280.12**5c. \$ **9,624,004.78**

Fill in this information to identify the case:Debtor name **K&W Cafeterias, Inc.**United States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:*

2.1

**Allred
Investment
Company, LLC****Attn: Officer or Managing Agent
PO Box 25048
Winston Salem, NC 27114-5048****Truist Bank**☒ D 2.17☐ E/F _____☐ G _____

2.2

DGV, LLC**Attn: Officer or Managing Agent
PO Box 25048
Winston Salem, NC 27114-5048****Truist Bank**☒ D 2.17☐ E/F _____☐ G _____

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Middle District of North Carolina

In re **K&W Cafeterias, Inc.**

Debtor(s)

Case No.

Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	100,000.00
Prior to the filing of this statement I have received	\$	100,000.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- [Other provisions as needed]

analysis of financial situation, and rendering of advice and assistance to client in determining if a petition should be filed under Title 11 of the US Code. Preparation and filing of the petition, schedules and statement of affairs and other documents required by the court, including any amendments to the schedules. Representation at the meeting of creditors; to the extent reasonable representation in core matters of the case, including motions to avoid non-purchase money security interests and judicial liens, reaffirmation agreements, redemption actions, motions for stay relief and most contested matters.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Adversary Proceedings.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

September 2, 2020

Date

/s/ John A. Northen

John A. Northen

Signature of Attorney

Northern Blue, LLP

PO Box 2208

Chapel Hill, NC 27515

919-968-4441 Fax: 919-942-6603

Name of law firm

**United States Bankruptcy Court
Middle District of North Carolina**

In re **K&W Cafeterias, Inc.**

Debtor(s)

Case No.

Chapter

11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Bill Allred 2861 Mery Acres Lane Winston Salem, NC 27106	Common	13,928	6.3%
Dax Allred 3304 Willow Wind Drive Pfafftown, NC 27040	Common	13,928	6.3%
Derek Duggins 1931 Plaza Drive West Winston Salem, NC 27103	Common	32,793	14.8%
Donald Allred 1902 Cliff Pointe Court Winston Salem, NC 27106	common	54,448	24.6%
Jordan Tucci 1931 Plaza West Drive Winston Salem, NC 27103	Common	17,231	7.8%
Julie Long 606 Hertford Road Winston Salem, NC 27104	Common	28,511	12.9%
Kathryn Allred 404 Lawndale Drive Winston Salem, NC 27104	Common	3,229	1.5%
Leslie Yates 604 Macon Place Raleigh, NC 27609	Common	28,511	12.9%
Natalie Smith 3945 Bethabara Road Winston Salem, NC 27106	Common	28,511	12.9%

In re: **K&W Cafeterias, Inc.**

Case No. _____

Debtor(s)

LIST OF EQUITY SECURITY HOLDERS

(Continuation Sheet)

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
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DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **September 2, 2020**Signature **/s/ Dax C. Allred**
Dax C. Allred

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.

**United States Bankruptcy Court
Middle District of North Carolina**

In re **K&W Cafeterias, Inc.**

Debtor(s)

Case No.

Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the President of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **September 2, 2020**

/s/ Dax C. Allred

Dax C. Allred/President

Signer/Title

ADAMS OUTDOOR ADVERTISING
P O BOX 809140
Attn: Officer/Manager
CHICAGO, IL 60680

ADT CYBERSECURITY
301 NORTH ELM STREET, STE 550
Attn: Officer/Manager
GREENSBORO, NC 27401

ADVANCED MAINTENANCE
6554 MAYO DRIVE
Attn: Officer/Manager
BOONES MILL, VA 24065

AIRGAS NATIONAL CARBONATION
PO BOX 734673
Attn: Officer/Manager
DALLAS, TX 75373

ALAMANCE COUNTY TAX COLLECTOR
124 W ELM STREET
GRAHAM, NC 27253

ALARMSOUTH
PO BOX 5393
Attn: Officer/Manager
STATESVILLE, NC 28687

ALEXANDER EQUIPMENT OF W-S
PO BOX 25165
Attn: Officer/Manager
WINSTON-SALEM, NC 27114

Allred Investment Company, LLC
Attn: Officer or Managing Agent
PO Box 25048
Winston Salem, NC 27114-5048

Ally Financial
PO Box 380901
Attn: Officer or Managing Agent
Bloomington, MN 55438

ALSCO
PO BOX 3594
Attn: Officer/Manager
DURHAM, NC 27702

APPALACHIAN POWER COMPANY
PO BOX 371496
Attn: Officer/Manager
PITTSBURGH, PA 15250

BACKGROUND INVESTIGATION BUREAU LLC
9710 NORTHCROSS CENTER COURT, SUITE 100
Attn: Officer/Manager
HUNTERSVILLE, NC 28078

BAKER PIPE & PARTS LLC
PO BOX 1824
Attn: Officer/Manager
GOLDSBORO, NC 27533

BB&T Commercial Equipment Capital
2 Great Valley Parkway, Suite 300
Attn: Officer or Managing Agent
Malvern, PA 19355

BEACH AIR
320 Reindeer Moss Ct
Attn: Officer/Manager
Myrtle Beach, SC 29588

BENNETT UNIFORM MFG, INC.
4377 FEDERAL DRIVE
Attn: Officer/Manager
GREENSBORO, NC 27410

BERKELEY MALL, LLC
C/O CHILDRESS KLEIN PROPERTIES
301 South College Street Ste 2800
CHARLOTTE, NC 28202

BORDEAUX CENTER, INC.
1740-A OWEN DR.
Attn Officer or Managing Agent
FAYETTEVILLE, N 28304

BRIXMORE HOLDINGS 1 SPE, LLC
C/O BRIXMOR PROPERTY GROUP
PO BOX 64524
CINCINNATI, OH 45264

BULLUCK LAWN CARE INC.
7073 HUNTER RIDGE RD
Attn: Officer/Manager
ROCKY MOUNT, NC 27803

BVB PROPERTIES, INC.
204-C WEST WOODLAWN ROAD
Attn Officer or Managing Agent
CHARLOTTE, NC 28217

CABARRUS COUNTY TAX COLLECTOR
PO BOX 707
CONCORD, NC 28026

CAMERON VILLAGE
Attn Officer or Managing Agent
PO BOX 534243
ATLANTA, GA 30353

CARDINAL NATURAL GAS
PO BOX 94608
Attn: Officer/Manager
CLEVELAND, OH 44101

CEDAR LAKE ASSOCIATION
200 CEDAR LAKE TRAIL
Attn: Officer/Manager
WINSTON-SALEM, NC 27104

CENTURYLINK
PO BOX 4300
Attn: Officer/Manager
CAROL STREAM, IL 60197

CHRIS CARPENTRY
3410 MOUNTAIN VIEW RD.
Attn: Officer/Manager
GERMANTON, NC 27019

CIT Bank NA
10201 Centurion Parkway N, Suite #100
Attn: Officer or Managing Agent
Jacksonville, FL 32256

CITY ELECTRIC SUPPLY CO.
PO BOX 13507
Attn: Officer/Manager
GREENSBORO, NC 27415

CITY OF BURLINGTON
PO BOX 1358
Attn: Officer/Manager
BURLINGTON, NC 27216

CITY OF GREENVILLE
PO BOX 2207
GREENVILLE, SC 29602

CITY OF MYRTLE BEACH
PO BOX 1346
Attn: Officer/Manager
MYRTLE BEACH, SC 29578

CITY OF N MYRTLE BEACH
1018 2ND AVENUE SOUTH
N MYRTLE BEACH, SC 29582

CITY OF RALEIGH
PO BOX 71081
Attn: Officer/Manager
CHARLOTTE, NC 28272

CITY OF ROANOKE
EVELYN W. POWERS TREASURER
PO BOX 1451
ROANOKE, VA 24007

CITY OF ROCKY MOUNT
P.O. BOX 1180
Attn: Officer/Manager
ROCKY MOUNT, NC 27802

CITY OF SALEM
PO BOX 75997
Attn: Officer/Manager
BALTIMORE, MD 21275

CITY OF SALEM
DANIELLE C. CRAWFORD, CITY TREASURER
PO BOX 869
SALEM, VA 24153

CITY OF WILSON
PO BOX 2407
Attn: Officer/Manager
WILSON, NC 27894

CITY OF WINSTON-SALEM
PO BOX 580055
Attn: Officer/Manager
CHARLOTTE, NC 28258

COMCAST
PO BOX 70219
Attn: Officer/Manager
PHILADELPHIA, PA 19176

COMMONWEALTH OF VA
DEPT OF TAXATION
PO BOX 1115
RICHMOND, VA 23218

COPPERFIELD CENTER PARTNERSHIP
C/O B.V. BELK INVESTMENTS
204-C WEST WOODLAWN ROAD
CHARLOTTE, NC 28217

COX COMMUNICATIONS
PO BOX 771908
Attn: Officer/Manager
DETROIT, MI 48277

COZZINI BROS., INC.
350 HOWARD AVENUE
Attn: Officer/Manager
DES PLAINES, IL 60018

Crestmark Vendor Finance
PO Box 233756
Attn: Officer or Managing Agent
Chicago, IL 60689

CUMBERLAND COUNTY TAX COLLECTOR
P.O. BOX 449
FAYETTEVILLE, NC 28302

DAYMARK SAFETY SYSTEMS
12836 SOUTH DIXIE HIGHWAY
Attn: Officer/Manager
BOWLING GREEN, OH 43402

De Lage Landen Financial Services Inc
PO Box 41602
Attn: Officer/Manager
Philadelphia, PA 19101

De Lage Landen Financial Services, Inc.
PO Box 41602
Attn: Officer or Managing Agent
Philadelphia, PA 19101

DGV, LLC
Attn: Officer or Managing Agent
PO Box 25048
Winston Salem, NC 27114-5048

DUKE ENERGY CHARLOTTE
PO BOX 70516
Attn: Officer/Manager
CHARLOTTE, NC 28272

EASTERN FOOD EQUIPMENT
1930 HEALY DR
Attn: Officer/Manager
WINSTON SALEM, NC 27103

ECOLAB PEST ELIMINATION
26252 NETWORK PLACE
Attn: Officer/Manager
CHICAGO, IL 60673

ELVIS SERVICE CO INC
2200 EXECUTIVE AVE
Attn: Officer/Manager
MYRTLE BEACH, SC 29577

EXPRESS BUSINESS SYSTEMS INC.
PO BOX 369
Attn: Officer/Manager
HICKORY, NC 28603

First Foundation Bank
PO Box 80550
Attn: Officer or Managing Agent
City of Industry, CA 91716

First Lease Inc
1 Walnut Grove Drive, Suite 300
Attn: Officer or Managing Agent
Horsham, PA 19044

FORSYTH COUNTY TAX COLLECTOR
PO BOX 82
WINSTON-SALEM, NC 27102

FORSYTH ROOTER SERVICE, INC.
PO BOX 24248
Attn: Officer/Manager
WINSTON-SALEM, NC 27114

FOSTER CAVINESS FOOD SERVICE CO.
PO BOX 744739
Attn: Officer/Manager
ATLANTA, GA 30374

FRANKLIN MACHINE PRODUCTS, INC.
PO BOX 74007311
Attn: Officer/Manager
CHICAGO, IL 60674

FRONTIER
PO BOX 740407
Attn: Officer/Manager
CINCINNATI, OH 45274

FSI MECHANICAL, INC.
5485 RAYNOR RD.
Attn: Officer/Manager
GARNER, NC 27529

FSI SOUTH CAROLINA
227 OLD GRADE RD.
Attn: Officer/Manager
MONCKS CORNER, SC 29461

GFL ENVIRONMENTAL
PO BOX 791519
Attn: Officer/Manager
BALTIMORE, MD 21279

GRAINGER INC
DEPT 803760818
Attn: Officer/Manager
PALATINE, IL 60038

GREEN WORLD
1737 SPIVEY AVE.
Attn: Officer/Manager
CONWAY, SC 29527

GREENVILLE COUNTY TAX COLLECTOR
301 UNIVERSITY RIDGE
SUITE 700
GREENVILLE, SC 29601

GUILFORD COUNTY TAX DEPARTMENT
PO BOX 3138
GREENSBORO, NC 27402

H/S Wilson, LLC
Attn: Hull Property Group, LLC
1190 Interstate Parkway
Augusta, GA 30909

HAPPY CHEF UNIFORMS, INC.
22 PARK PLACE
Attn: Officer/Manager
BUTLER, NJ 07405

HEAT TRANSFER SALES LLC
PO BOX 8608
Attn: Officer/Manager
GREENSBORO, NC 27419

HENRY'S ELECTRIC MOTOR SERVICE INC
1406 S MARTIN LUTHER KING DR
Attn: Officer/Manager
WINSTON-SALEM, NC 27107

HERITAGE FOOD SERVICE
PO BOX 71595
Attn: Officer/Manager
CHICAGO, IL 60694

Honda Financial
13856 Ballantyne Corporate Place
Attn: Officer or Managing Agent
Charlotte, NC 28277

HORRY COUNTY TREASURER
1301 SECOND AVENUE
SUITE 1C08
CONWAY, SC 29526

HUBBARD PIPE & SUPPLY, INC.
PO DRAWER 1570
Attn: Officer/Manager
FAYETTEVILLE, NC 28302

I-85 PLAZA
PO DRAWER 850
Attn Officer or Managing Agent
BURLINGTON, NC 27216

IO BUSINESS MUSIC
5025 W. LEMON ST., SUITE 200
Attn: Officer/Manager
TAMPA, FL 33609

IREDELL COUNTY TAX COLLECTOR
135 EAST WATER STREET
STATESVILLE, NC 28687

IRON MOUNTAIN
PO BOX 27128
Attn: Officer/Manager
NEW YORK, NY 10087

J H HONEYCUTT & SONS, INC.
PO BOX 391
Attn: Officer/Manager
CHADBOURN, NC 28431

JACOBI-LEWIS COMPANY - WILMINGTON
PO BOX 1289
Attn: Officer/Manager
WILMINGTON, NC 28402

KELLY OFFICE MACHINES, INC.
21146 NETWORK PLACE
Attn: Officer/Manager
CHICAGO, IL 60673

KOS Financial Services
PO Box 41602
Attn: Officer or Managing Agent
Philadelphia, PA 19101

KOS Financial Services
21146 Network Place
Attn: Officer or Managing Agent
Chicago, IL 60673

KOS Financial Services
PO Box 790448
Attn: Officer or Managing Agent
St Louis, MO 63179

LAMAR COMPANIES
PO BOX 96030
Attn: Officer/Manager
BATON ROUGE, LA 70896

LIFTECH MOBILE CRANE SERVICE
321 SPRINGDALE DR
Attn: Officer/Manager
WILMINGTON, NC 28405

LOOMIS
DEPT. CH 10500
Attn: Officer/Manager
PALATINE, IL 60055

M2K, LLC
C/O HAI CHAU
PO BOX 61115
RALIEGH, N 27661

Macquarie Equipment Capital, Inc.
1301 Riverplace Blvd
Attn: Officer or Managing Agent
Jacksonville, FL 32207

MAISONS-SUR-MER
9650 SHORE DR
Attn: Officer/Manager
MYRTLE BEACH, SC 29572

MARVA MAID DAIRY
PO BOX 392612
Attn: Officer/Manager
PITTSBURGH, PA 15251

MATT MARSHALL AND CO
PO BOX 77357
Attn: Officer/Manager
GREENSBORO, NC 27417

MECKLENBURG COUNTY
700 N Tryon St
CHARLOTTE, NC 28202

MECKLENBURG COUNTY TAX COLLECTOR
PO BOX 31457
CHARLOTTE, NC 28231-1457

MERCER COUNTY
ATTN: TREASURER OFFICE
1501 WEST MAIN ST
PRINCETON, WV 24740

MOCK TIRE & AUTO
4752 COUNTRY CLUB RD
Attn: Officer/Manager
WINSTON SALEM, NC 27104

MURRAY SUPPLY COMPANY
PO BOX 744702
Attn: Officer/Manager
ATLANTA, GA 30374

NASH COUNTY TAX COLLECTOR
120 W WASHINGTON ST. STE 2058
NASHVILLE, NC 27856

NC DEPT OF LABOR - BOILER SAFETY BUREAU
1101 MAIL SERVICE CENTER
Attn: Officer/Manager
RALEIGH, NC 27699

NC DEPT OF REVENUE
PO Box 1168
RALEIGH, NC 27602

NEW HANOVER COUNTY TAX OFFICE
230 GOVERNMENT CENTER DR
SUITE 190
WILMINGTON, NC 28403

NEW MARKET HANOVER LP
PO Box 715252
Attn Officer or Managing Agent
Cincinnati, OH 45271

NORFOLK CITY TREASURER
COM OF REVENUE
PO BOX 3215
NORFOLK, VA 23514-3215

OLIVER PKG. & EQUIPMENT CO.
PO BOX 8506
Attn: Officer/Manager
CAROL STREAM, IL 60197

ORANGE COUNTY TAX COLLECTOR
PO BOX 8181
HILLSBOROUGH, NC 27278

OVERTON GROUP, LLC
401 WEST 1ST STREET
Attn Officer or Managing Agent
GREENVILLE, NC 27834

Performance Food Group
543 12th Street Drive NW
Attn: Officer/Manager
Hickory, NC 28601

PIEDMONT NATURAL GAS
PO BOX 1246
Attn: Officer/Manager
CHARLOTTE, NC 28201

PINNACLE POINT INVESTMENTS, LLC
8504 WILLOW BRANCH DR.
Attn: Officer/Manager
WAXHAW, NC 28173

PITT COUNTY TAX COLLECTOR
PO BOX 875
GREENVILLE, NC 27835

POINTE REGATTA HOMEOWNERS ASSOCIATION
PO BOX 1180
Attn: Officer/Manager
CORNELIUS, NC 28031

POLO OAKS HOMEOWNERS ASSOCIATION
PO BOX 1239
Attn: Officer/Manager
COMMERCE, GA 30529

PROSERVE FIRE PROTECTION, INC.
1000 N. MAIN ST., SUITE 204
Attn: Officer/Manager
FUQUAY VARINA, NC 27526

QUALITY GLASS SERVICE INC
PO BOX 1104
Attn: Officer/Manager
WINSTON SALEM, NC 27102

QUALITY PRESSURE WASHING & CLEANING SVC
PO BOX 7823
Attn: Officer/Manager
ROCKY MOUNT, NC 27804

RANDOLPH COUNTY TAX DEPT
OFFICE OF TAX COLLECTOR
725 MCDOWELL ROAD
ASHEBORO, NC 27205

REGENCY OFFICE PRODUCTS, LLC
8024 GLENWOOD AVE., SUITE 200
Attn: Officer/Manager
RALEIGH, NC 27612

REGIONAL MALLS, LLC DBA MERCER MALL
PO BOX 2275
Attn Officer or Managing Agent
LEXINGTON, KY 40588

RESTAURANT TECHNOLOGIES, INC.
12962 COLLECTIONS CENTER DR
Attn: Officer/Manager
CHICAGO, IL 60693

RIDDLE FARM EQUIPMENT INC.
P.O. BOX 4021
Attn: Officer/Manager
WINSTON-SALEM, NC 27115

RJ WASTE & RECOVERY, LLC
PO BOX 14
Attn: Officer/Manager
IRON STATION, NC 28080

ROANOKE COUNTY
COMMISSIONER OF THE REVENUE
5204 BERNARD DR, 1ST FLOOR
ROANOKE, VA 24018

ROANOKE GAS COMPANY
P.O. BOX 70848
Attn: Officer/Manager
CHARLOTTE, NC 28272

ROSE ICE & COAL CO.
1202 MARKET ST
Attn: Officer/Manager
WILMINGTON, NC 28401

ROWAN COUNTY FINANCE DEPARTMENT
C/O LISA BEVIS
130 W. INNES STREET
SALISBURY, NC 28144

ROWAN COUNTY TAX COLLECTOR
402 N MAIN STREET
SUITE 101
SALISBURY, NC 28144

RRPV UNIVERSITY CHAPEL HILL LP
PO BOX 6230
Attn: Officer/Manager
ORLANDO, FL 32802

S&D COFFEE
PO BOX 752010
Attn: Officer/Manager
CHARLOTTE, NC 28275

S.V.S. HOSPITALITY, INC.
1535 LINKS VIEW DRIVE
Attn Officer or Managing Agent
SALEM, VA 24153

SC DEPT OF REVENUE
PO BOX 125
COLUMBIA, SC 29214

SHOES FOR CREWS, INC.
PO BOX 734176
Attn: Officer/Manager
CHICAGO, IL 60673

SIGNATURE PLACE ROLL UP, LLC
PO BOX 535411
Attn Officer or Managing Agent
ATLANTA, GA 30353

SOLID WASTE AUTHORITY OF HORRY COUNTY
PO BOX 1664
Attn: Officer/Manager
CONWAY, SC 29528

SOUTHERN COASTAL SOLUTIONS INC.
5440 MCGINNIS VILLAGE PLACE, UNIT 104
Attn: Officer/Manager
ALPHARETTA, GA 30005

SOUTHERN SHOPPING CENTER LLC
PO BOX 8500, LOCKBOX # 7327
Attn: Officer/Manager
PHILADELPHIA, PA 19178

SRMax Slip Resistant Shoe Company
PO BOX 10379
Attn: Officer/Manager
GREENSBORO, NC 27404

STEAM SOURCE
3049 SALEM INDUSTRIAL DRIVE
Attn: Officer/Manager
WINSTON-SALEM, NC 27127

Steve Gruendel
Moore and Van Allen PLLC
100 North Tryon St., Suite 4700
Charlotte, NC 28202-4003

Susquehanna Commercial Finance, Inc
2 Country View Road, Suite 300
Attn: Officer or Managing Agent
Malvern, PA 19355

TANGLEWOOD VENTURE, LLC
PO BOX 105740
Attn: Officer/Manager
ATLANTA, GA 30348

TELWARE CORPORATION
PO BOX 561209
Attn: Officer/Manager
CHARLOTTE, NC 28256

The City Kitch, LLC
Attn: Officer or Managing Agent
640 W. Mallard Creek Church Road
Charlotte, NC 28262

TIME WARNER
PO BOX 4617
Attn: Officer/Manager
CAROL STREAM, IL 60197

TOWER PLACE NC LP
C/O PROVIDENCE GROUP MGMT. SERVICES
300 W. SUMMIT AVE, SUITE 250
CHARLOTTE, NC 28203

TQM ROOFING INC
3646 TAYLORSVILLE HWY
Attn: Officer/Manager
STATESVILLE, NC 28625

TRIAD INDUSTRIAL GROUP, INC.
4275 THOMASVILLE RD
Attn: Officer/Manager
WINSTON SALEM, NC 27107

Truist Bank
Attn: Managing Agent/Officer
214 N. Tryon St.
Charlotte, NC 28202

ULINE
PO BOX 88741
Attn: Officer/Manager
CHICAGO, IL 60680

UNITED REFRIGERATION INC.
PO BOX 740703
Attn: Officer/Manager
ATLANTA, GA 30374

UNITED RESTAURANT EQUIPMENT COMPANY
PO BOX 1186
Attn: Officer/Manager
RALEIGH, NC 27602

UPS
PO BOX 7247-0244
Attn: Officer/Manager
PHILADELPHIA, PA 19170

W R VERNON PRODUCE COMPANY, INC.
PO BOX 4054
Attn: Officer/Manager
WINSTON SALEM, NC 27115

W.C. ROUSE & SON, INC.
P.O. BOX 19046
Attn: Officer/Manager
GREENSBORO, NC 27419

WAKE COUNTY
301 S McDowell Street
Suite 3800
RALEIGH, NC 27602

WAKE COUNTY REVENUE DEPARTMENT
PO BOX 2331
RALEIGH, NC 27602

WASTE CONNECTIONS OF CAROLINA
PO BOX 535233
Attn: Officer/Manager
PITTSBURGH, PA 15253

WASTE MANAGEMENT
PO BOX 4648
Attn: Officer/Manager
Carol Stream, IL 60197

WAYNE COUNTY TAX COLLECTOR
PO BOX 227
GOLDSBORO, NC 27530

WESTERN VIRGINIA WATER AUTHORITY
PO BOX 17381
Attn: Officer/Manager
BALTIMORE, MD 21297

WILSON COUNTY TAX COLLECTOR
113 NASH ST E
WILSON, NC 27893

WIND RIVER ENVIRONMENTAL LLC
PO BOX 22074
Attn: Officer/Manager
NEW YORK, NY 10087

WM COMPACTOR SOLUTIONS INC., DEPT#2008
PO BOX 29661
Attn: Officer/Manager
PHOENIX, AZ 85038

Xerox Corporation
PO Box 660501
Attn: Officer or Managing Agent
Dallas, TX 75266

XEROX CORPORATION
P.O. BOX 827598
Attn: Officer/Manager
PHILADELPHIA, PA 19182

ZUPPLER
151 EAST 10TH AVE., SUITE 201
Attn: Officer/Manager
CONSHOHOCKEN, PA 19428

**United States Bankruptcy Court
Middle District of North Carolina**

In re **K&W Cafeterias, Inc.**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **K&W Cafeterias, Inc.** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

September 2, 2020

Date

/s/ John A. Northen**John A. Northen**Signature of Attorney or Litigant
Counsel for **K&W Cafeterias, Inc.****Northern Blue, LLP****PO Box 2208****Chapel Hill, NC 27515****919-968-4441 Fax:919-942-6603**